## EMT – PARAMEDIC EMS YEARLY TRAINING REPORT

L. Name:	Assignment:
F. Name:	Year Reporting:
MI:	Name of Supervisor:
SSN#:	•

## ENTER DATES OF TRAINING (EACH DATE REPRESENTS 1 HOURS OF TRAINING)

SUBJECT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Abdominal Injuries													
Airway Management–Basic													
Anaphylaxis													
Anatomy & Physiology													
Behavioral Emergency													
Bleeding & Shock													
Cardiac Arrest Mngt – Basic													
Cardiovascular Emergency													
Childbirth													
Communications													
Diabetic Emergency													
Documentation													
Emergency Vehicle Operations													
Environmental Emergency													
Extrication Principals													
Fractures–Pelvis / Lower Extrem													
Fractures – Upper Extremities													
Gynecological Emergency													
Head, Neck & Spinal Injuries													
Infectious Diseases													
Mass Casualty Incidents													
Medical / Legal Issues													
Medication Administration													
Neonatal Care – Basic													
Patient Assessment													
Pharmacology													
Pediatric Pts – Medical (Basic)													
Pediatric Pts – Trauma (Basic)													
Respiratory Emergencies													
Soft Tissue Injuries & Burns													
Thoracic Injuries													
TN EMS Rules & Regulations													
MFD SOP's (Vol. 2)													
MFD EMS Protocols – Basic													

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Airway Management Adv															
Cardiac Arrest Management Advance															
Documentation															
Drug Therapy															
Geriatric Patients															
Infectious Diseases															
Iv skills															
Metabolic Emergencies															
MFD ALS Protocols															
Pediatric Patients – Medical Advance															
Pediatric Patients – Trauma Advance															
Psychological Aspect of Emergency Care															
Toxicology & Substance Abuse															
Neonatal Care - Advance															
EMT-P Signature:							YEARLY TOTAL: Date:								
National Registry #:															
State Licensure #: Supervisor Signature:						I	Date:					_			

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